

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33880

FILED OCT 24 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4229

|  |                               |   |  |  |   |  |  |
|--|-------------------------------|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>  |                               |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |  | c. CITY OR TOWN <b>KANSAS CITY</b>                                      |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>V. A. HOSPITAL</b>   |                               |   | Length of stay in hospital <b>34 YEARS</b>   |  | STREET ADDRESS <b>1816 CHARLOTTE</b>                                    |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CHARLES</b> Middle <b>CARTER</b> Last <b>BUIE</b>  |                               |   |  | 4. DATE OF DEATH <b>September 26, 1956</b><br>Month <b>September</b> Day <b>26</b> Year <b>1956</b>  |   |  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>February 6, 1892</b>   |   | 9. AGE (In years last birthday) <b>64</b><br>IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____<br>IF UNDER 24 HRS. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Foundry man</b>  |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Metal Foundry</b>                                    |  | 11. BIRTHPLACE (City and state or country)<br><b>Rosedale, Kansas</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |
| 13. FATHER'S NAME<br><b>Neil Buiie</b>   |                               |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Rowena Carter</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes World War I</b>  |                               |   | 16. SOCIAL SECURITY NO. <b>495-03-7105</b>   |  | 17. INFORMANT Address<br><b>Official VA Hospital Records, K. C. Mo.</b> |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of colon with metastases</b>   |                               |   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>27 mos</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                               |   |  |  |   |  | <b>153X</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |                               |   |  |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                    |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |   |  |  |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                               |   |  |  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY   | STATE  |
| 21. attended the deceased from <b>Sept. 17, 1956</b> to <b>Sept. 26, 1956</b><br>Death occurred at <b>12:00 PM</b> <del>XXXXXXXXXX</del> Am on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |  |  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Irwin Joffe, M.D.</b>   |                               |   |  | 22b. ADDRESS <b>VA Hospital - 4801 Linwood, Kansas City, Mo.</b>   |   | 22c. DATE SIGNED <b>9-26-56</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                               | 23b. DATE <b>9-29-56</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Pleasant View Cemetery</b>                          |  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Shawnee, Kansas</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>E. Paul Amos</b>  |                               |   | ADDRESS<br><b>Shawnee, Kansas</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-28-56</b>                          |  | 26. REGISTRAR'S SIGNATURE<br><b>Hera Minshel</b>   |

(Licensed Embalmer's Statement on Reverse Side)

alth, Welfare Public Service  
 300 -56  
 Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be noted. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Eugene P. Amos, Student Embalmer No. 53, working under my personal supervision..

Student Eugene P. Amos  
Signature of Student Embalmer

Signed E. Amos  
Licensed Embalmer No. 43

P. O. Address Shawnee,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.